



**STATE OF NEW HAMPSHIRE**  
**Department of Safety**  
**REPORT OF FINAL STAGE MANUFACTURE**

This form must be typed or clearly printed

**NAME AND ADDRESS OF MANUFACTURER**

**MAKE**

**MODEL**

**YR OF MFG**

**VEHICLE IDENTIFICATION NUMBER**

**FINAL STAGE MANUFACTURER'S CERTIFICATION**

I hereby certify that the vehicle has the specified maximum gross weight or axle weight capacity at the time of manufacture as determined by the components and the summation of the manufacturer's axle design limits for each axle of the vehicle as listed below. The specific weight limits for each axle shall be included.

**STEERING AXLE #1:** \_\_\_\_\_ **AXLE #5:** \_\_\_\_\_  
**AXLE #2:** \_\_\_\_\_ **AXLE #6:** \_\_\_\_\_  
**AXLE #3:** \_\_\_\_\_ **AXLE #7:** \_\_\_\_\_  
**AXLE #4:** \_\_\_\_\_ **AXLE #8:** \_\_\_\_\_

\_\_\_\_\_  
**REPRESENTATIVE OF/OR MANUFACTURER**

\_\_\_\_\_  
**TITLE OR POSITION**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PERSON MAKING CERTIFICATION**

**DSDE 75 (Rev.06/94)**

**THIS REPORT IS SIGNED UNDER PENALTY OF UNSWORN FALSIFICATION (RSA 641:3).**  
**COPY OF MANUFACTURER'S "LINE" SHEET MUST ACCOMPANY THIS REPORT**